

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All other correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

22245 7590 02/11/2004

NAVAL MEDICAL RESEARCH CENTER
 ATTN: (CODE 00L)
 503 ROBERT GRANT AVENUE
 SILVER SPRING, MD 20910-7500

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Wendy A. Frick	(Depositor's name)
Wendy A. Frick	(Signature)
5-11-04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/747,521	12/21/2000	Darrel R. Galloway	22727/04079	9991

TITLE OF INVENTION: METHODS FOR PROTECTION AGAINST LETHAL INFECTION WITH BACILLUS ANTHRACIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	05/11/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHAHNAN SHAH, KHATOL S	1645	424-190100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Calfee, Halter &
 1. Criswold LLP

2. _____
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The Ohio State University Research Foundation
 Department of the Navy

Columbus, Ohio
 Silver Spring, Maryland

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☒ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

05/14/2004 FHTEK12 00000101 09747521

01 FC:1501
 02 FC:1504
 03 FC:8001

1330.00 OP
 300.00 OP
 30.00 OP

TRANSMIT THIS FORM WITH FEE(S)



Practitioner's Docket No. 22727/04114

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

☒ In re application of: Galloway, et al.

Application No.: 10/106,014

Group No.: 1645

Filed: March 25, 2002

Examiner: Shahnan Shah, Khatol S.

For: **METHODS FOR PROTECTING AGAINST LETHAL INFECTION WITH
BACILLUS ANTHRACIS**

☐ Patent No.*:

Issued:

**Note: Insert name of inventor(s) and title also for patent. Where notification is with respect to a maintenance fee payment, also insert application number and filing date, and add Box M. Fee to address.*

**Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

**NOTIFICATION OF LOSS OF ENTITLEMENT TO SMALL ENTITY STATUS
(37 C.F.R. § 1.28(b))**

Note: Notification of any change in status resulting in loss of entitlement to small entity status must be filed in an application or patent prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate, pursuant to § 1.9 of this Part. The notification of change in status may be signed by the applicant, any person authorized to sign on behalf of the assignee, or an attorney or agent of record or acting in a representative capacity pursuant to § 1.34(a) of this Part. 37 C.F.R. § 1.28(b).

Note: From the above portion of 37 C.F.R. § 1.28(b), it is only a change in status "resulting in loss of entitlement to small entity status" that must be filed, and a change from one small entity status to another small entity status requires no notification.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☒ deposited with the United States Postal Service with sufficient postage as first class Mail in an envelope addressed to Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

FACSIMILE

☐ transmitted by facsimile to the Patent and Trademark Office.

Date: 5-11-04

Signature

Wendy A. Frick

Wendy A. Frick

(type or print name of person certifying)

Date: May 17, 2004

Signature Pamela A. Oberly

- Registration No.:

Customer No. 24024

(type name of assignee)

Address of assignee

Title of person authorized to sign on behalf of assignee

Assignment recorded in PTO _____

Reel _____ Frame _____

(Notification of Loss of Entitlement to Small Entity Status [7-5]-page 2 of 2

CERTIFICATE OF MAILING

I hereby certify that this TRANSMITTAL is being deposited with the U.S. Postal Service, with sufficient postage, as first class mail in an envelope addressed to Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on this 11th day of May, 2004.

Typed or Printed name of person signing this certificate:

Signed: Wendy A. Frick
Wendy A. Frick

Customer Number

24024



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Galloway, et al.

Serial No.: 10/106,014

Filed: March 25, 2002

For: **METHODS FOR PROTECTING
AGAINST LETHAL INFECTION WITH
*BACILLUS ANTHRACIS***

) Examiner: Shahnan Shah, Khatol S

) Art Unit: 1645

) Attorney Docket No.: 22727/04114

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

TRANSMITTAL OF ISSUE FEE

Sir:

Transmitted herewith are the following:

1. Issue Fee Transmittal;
2. Notification of Loss of Entitlement to Small Entity Status;
3. A check in the amount of \$1,660.00; and
4. A Return Receipt Postcard.

It is believed that no further fee is required relating to the filing of this document. If this is not the case, the Patent Office is hereby authorized to charge any related fee to Deposit Account No. 03-0172. A duplicate copy of this sheet is attached.

Respectfully submitted,

Date:

May 11, 2004

By:

Pamela A. Docherty
Pamela A. Docherty, Reg. No. 40591
(216) 622-8416